

- ☐ Daily (5-7 days/week) ☐ Emergencies
- ☐ Frequently (2-4 days/week) ☐ Never
- ☐ Infrequently (1 day/week) ☐ Recreational use

8. Please prepare a brief narrative outlining your reason(s) for wanting to be a member of the CCCTA Accessible Services Committee:

9. References – Please list below the names of three persons/organizations who have known you for at least one year.

<u>Name</u>	<u>Telephone No.</u>	<u>Occupation</u>	<u>Years Acquainted</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. I certify that the foregoing statements are true to the best of my knowledge, and understand that willful misrepresentation or omission of facts requested can be grounds for disqualification or dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Please note: Applicants must be willing to have their name and telephone number released to the public